

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Apr 30 1997 8:00am
Secretary of State

Mailing Address
2459 S CONGRESS AVE
W PALM BCH FL 33406-7613

3. Date Incorporated or Qualified 11/18/1966	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business		2a. Mailing Address	
21	2403 10TH AVE NORTH	26	2403 10TH AVE NORTH

4. FEI Number	Applied For
59-1151240	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

City & State	City & State
23 LAKE WORTH FL	28 LAKE WORTH FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24 33461	25	29 33461	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORMAN, MARCIE
2459 S CONGRESS AVE
W PALM BCH FL 33400

81	Name	Marcie Gorman Jordley		
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Marcie Gorman Gordley Marcie Gorman Gordley 4-24-97
(Signature typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORMAN, MARCIE		1.2 NAME	GORDLEY, Marcie GORMAN		
STREET ADDRESS	2450 S CONGRESS AVE		1.3 STREET ADDRESS	(name change - not)		
CITY - ST - ZIP	W PALM BCH FL		1.4 CITY - ST - ZIP			

TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2403 10th Ave. N.
CITY - ST. ZIP		2.4 CITY - ST. ZIP	Worthington FL 33461

CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	CITY, ST, ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	2. NAME ADDRESS, 1.2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.4. CITY - ST - ZIP		3.4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	

4.1 CITY - ST - ZIP	4.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS

CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 134 if changed, or on an attachment with an address.

SIGNATURE *James G. ...* 361-
911-8111

CR2E034 (9/96)